

10/2
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/588148
 FILING DATE
 APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.	6					
TOTAL CLAIMS	32					
TOTAL CLAIMS	38					